



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

POST RETIREMENT EMPLOYMENT - EARNINGS LIMITATION EXCEEDED

This form is to be completed by a school district to request approval for the re-employment of a retired member at such time as the member has or will exceed the earnings limitation of forty-five percent of the maximum salary level* for the position occupied during the current school year. The pension benefit for such re-employed member will be suspended on the first day of the month in which the limitation has been exceeded. The member shall be required to reimburse the Teachers' Retirement Board any amount exceeding the earnings limitation. Pension benefits will resume on the first day of the month following the member's termination of service.

School District Date of Request

Retiree's Name Retiree's SSN

In accordance with C.G.S. 10-183v as amended by P.A. 03-232 _____
School District

wishes to re-employ _____ and certifies that the re-employment of
Retiree's Name

such retired member is not in a position designated by the Commissioner of Education as a subject shortage area.

*Maximum salary level for teachers is the highest rate of pay within the collective bargaining agreement for teachers. For administrators, it is the top end of the salary range for the position held based on their collective bargaining agreement. For superintendents, it is the top range that the position would pay if the position were to be advertised to be filled. For members who are teaching at the University of Connecticut or any of the public state colleges or universities, the earnings limitation would be based on the position of Associate Professor.

The above-named member has exceeded or will exceed forty-five percent of the maximum salary level for the position occupied on _____.
Date

Signature of Certifying Official Title

For TRB Use Only

The Teachers' Retirement Board hereby approves the re-employment of the above-named member in accordance with C.G.S. 10-183v as amended by Public Act 03-232.

Signature of TRB Representative Date

To be completed by School district upon termination of services of the retired member

The services of the above-named retired member terminated on _____.
Date

Signature of Certifying Official Title